MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

May 2009

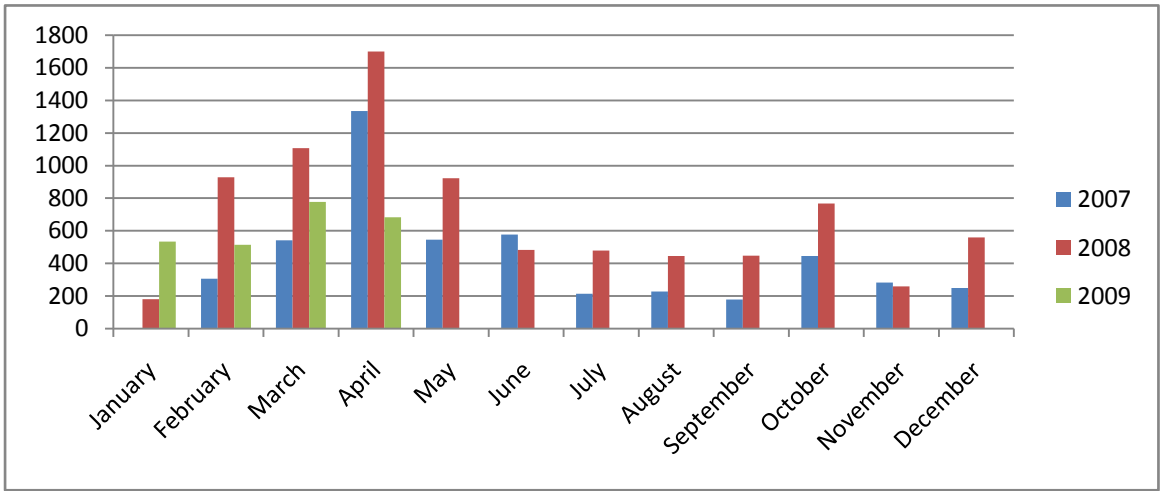
CENTER FOR INFORMATION SYSTEMS AND ANALYSIS

Maryland Trauma Physician Services Fund

Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of approximately $682,929 in April. The monthly payments for uncompensated care since February 2007 are shown below in Figure 1.

Figure 1 – Uncompensated Care Payments 2007-2009



The MHCC staff will convene a meeting of Trauma-Net in June to present plans for reducing the payments from the Fund in 2010. Payments from the Fund cannot exceed what is collected from the Fund in a given fiscal year. Uncompensated care payments, Medicaid shortfall payments, and increases in on-call stipends have increased, while revenue from automobile registrations and registration renewals has declined as a result of the economic down turn.

RFP for Audit Services

The Commission has released an RFP that will award a contract for auditing of the Maryland Trauma Physician Services Fund and the Health Insurance Partnership. A vendor has been selected and the Commission staff will request approval of an award from the Board of Public Works on June 17, 2008.

Patient Centered Medical Home Workgroup

The Maryland Quality and Cost Council's Patient Centered Medical Home Workgroup and its three subgroups on which MHCC staff are participants have been meeting regularly throughout April and May. The next meeting of the Workgroup will be held on May 20, 2009 at 3:00 p.m. at the Maryland Health Care Commission. Information regarding the work of each of the subgroups and the Workgroup, as well

as the schedule of upcoming meetings, is available on the Council's website at: http://dhmh.state.md.us/mhqcc/pcmh.html. The Workgroup is developing a plan for a Multi-stakeholder PCMH demonstration that it will submit to the Governor's Health Cost and Quality Council this summer.

Cost and Quality Analysis

Medical Care Data Base (MCDB) RFP

The current contract with Social and Scientific Systems to construct, maintain, and analyze the Commission's data base of privately insured paid claims—the MCDB—and to prepare key Commission reports, including the annual *Practitioner Utilization* and *State Health Expenditures* reports, will end in June. On May 11th, the staff issued a Request for Proposals (RFP) to continue the MCDB project and expand the information included in the data base over the next five years. The expansion of the MCDB will add information on inpatient care and other institutional services, as well as eligibility information for all enrollees of the submitting payers, to the professional and prescription drug claims that are currently submitted. The MCDB expansion will increase the cost of constructing, maintaining, and analyzing the MCDB files, so the staff made significant reductions in the number and frequency of the publicly disseminated reports that will be required of the MCDB contractor in order to constrain the cost of the new MCDB contract. The staff plans on streamlining and automating the data submission process from the payers. In 2008, the preferred submission method will be via a secure FTP portal; in subsequent years it is likely that this option will be the only alternative.

The RFP requires only two analytical reports in each contract year. The *Practitioner Utilization Report* will continue as an annual report, but the report on Maryland health care spending will be produced every two years, with a report on privately insured health care utilization in the alternate years. The health care spending study will also have a different focus: it will assess the performance of Maryland's health care system by comparing health care use and spending for particular populations—such as Medicare enrollees—in Maryland to use and spending in states known to have high performing, efficient systems. The new report on privately insured health care utilization will make use of the additional information that will be available in the expanded MCDB, such as examining the mix of services being utilized by the privately insured with a particular condition. There will be a pre-proposal conference on May 25th for parties interested in submitting proposals for the five-year contract; the deadline for receipt of proposals is June 11th at 4:00 p.m.

MCDB Expansion Meeting

In 2010, the private insurers and HMOs that submit data to the MCDB will be required to include claims for institutional services, such as inpatient and emergency room care, in their data submissions. The MHCC will define the required layout for these claims, with the goals of: 1) obtaining information that is both useful and accurate; and 2) limiting the required variables to information that most payers collect and retain in their systems. The staff held a meeting last fall with all submitting payers to discuss possible variables for the institutional claims file and subsequently constructed a proposed layout for this data. On May 5th, the staff held a meeting with four of the largest payers that currently submit data to the MCDB—Aetna, CareFirst, Cigna, and United Healthcare—to request that they voluntarily submit a file of institutional claims in September of this year using the proposed layout. This voluntary submission will enable MHCC to determine the ability of payers to provide the requested data and to assess the quality of each variable. This information will be used to refine the required file layout. It will also enable the data base contractor to test plans and software programs for processing of the institutional claims. The payers who voluntarily submit will also benefit by having the opportunity to test their software programs and identify any deficiencies in advance of the required submission next summer.

MCDB Analytical Reports

The study of enrollment and spending patterns in consumer-directed health plans (CDHPs)—discussed in last month's update—is nearing completion and will be released next month as an issue brief. The brief

will compare the patterns for health care users in CDHPs to the patterns observed for users enrolled in selected non-CDHP plans in the fully insured small and large group markets and the individual markets.

The annual *Practitioner Utilization* report is in the processing phase. The report will use the same format as last year, with an additional chapter. This new chapter will examine health care use among nonelderly patients with certain chronic diseases. A recent study using data from the MEPS House Survey that was published in *Health Affairs* found that chronic disease prevalence is increasing among not only the old-old, but among people in midlife and early old age, without regard to sex, race, ethnicity, or income. In 2005, among the 45 to 64 age group, over 22 percent of the population had three or more chronic conditions. [1] The population with three or more chronic conditions grew most rapidly and this group also saw the most rapid growth out-of-pocket spending. Information from the MCDB could inform policymakers on the strength of this relationship for Maryland privately insured residents as well as providing information on spending per patient. The growth of chronic conditions among near-elderly adults could further highlight the need to provide health insurance to those that can obtain coverage through employers. Nationally, the near old population is increasingly developing chronic conditions, while becoming more likely to be uninsured. We will study the relationship between the frequency and pattern of primary care visits and the use of hospital care among those with chronic illnesses to determine if those who receive more primary care, especially with the same primary care physician, are less likely to use hospital care. Additionally, the study will determine the visit rates for specialty care among these same patients. High levels of specialty care use may impose a greater burden for care coordination on the primary care physician or, alternatively, indicate opportunities for substitution of primary care for specialty care.

Data and Software Development

Internet Activities

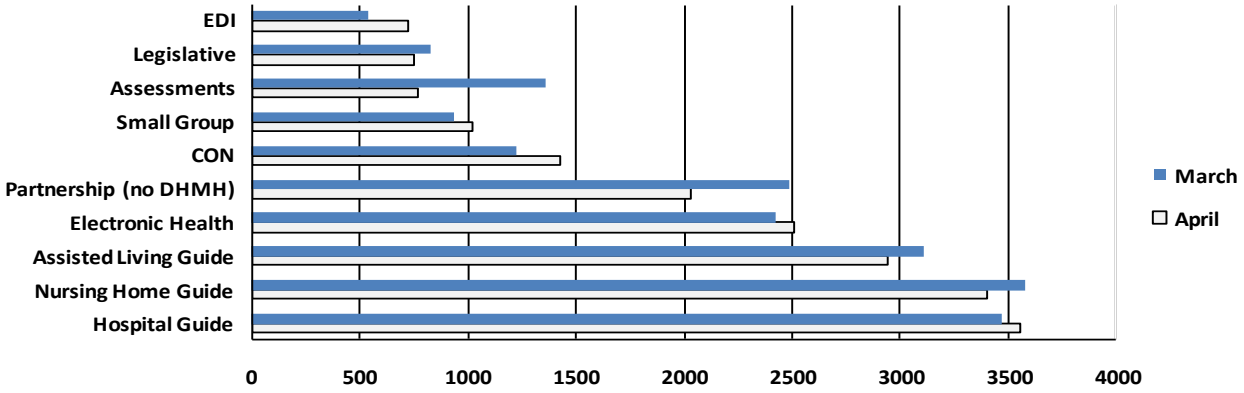
Figure 2 presents results on web utilization for the Commission's ten most frequently visited sites for March and April 2009. The total overall number of visits dropped slightly, about 4%, from March to April, ending with over 28,000 visits in the most recent month.

The Guides (Nursing Home, Hospital, and Assisted Living) continued to have the highest amount of traffic during the month, with about 35% of all visits. The largest increase in usage was found in the EDI web pages, 34%, pushing Health Insurance off the list of the top 10 by a small margin. The second highest increase in usage was in the CON webpage, with an increase of 17%. Usage dropped significantly for 2 web sites – Assessments (-43%) and the Partnership (-18%). The sharp decline in visits to the Assessment site is attributable to the end of the annual user fee survey. The decline in visits to the Partnership site is consistent with the slowing rate of growth in enrollment in April. Visits to the Legislative web site also dropped by 10%, likely attributable to the end of the legislative session in April. The changes on other sites ranged between + or – 5%.

An examination of web analytics showed that there was a slight increase in the average number of pages viewed, while the average time on the sites overall remained the same. The lack of significant changes in the actual sites where the users were spending significant time was expected, as no new sites or updates to existing sites were launched in April. About 34% of all visitors originated from a Maryland-based ISP, about the same as the past two months. Those visitors tend to view more pages and spend longer time on the site than most of the other users.

[1] Paez Kathryn Anne, Zhao Lan, and Hwang Wenke, **Rising Out-Of-Pocket Spending For Chronic Conditions: A Ten-Year Trend** *Health Affairs*, January/February 2009; 28(1): 15-25.

Figure 2: Visits to the MHCC Web Sites
Top 10 MHCC Sites during March & April 2009



Web Development for Internal Applications

Staff continued to make progress on internal Web development and the license renewal applications for the occupation boards. Table 1 presents the status of all development effort. *The current workload and the limited* staff available for development has forced MHCC to scale back support to the Boards in the last several months.

Table 1– MHCC and Health Occupation Boards Web Applications Under Development

Board	Anticipated Start Development	Launch of Application/Update/Renewal
MHCC Physician Supply Survey and License Renewal	May	July 2009
Nursing Home Survey Redesign	April	July 2009
Home Health Survey Redesign	June	Fall 2009
Update of Hospital Quality Site	June	Fall 2009
Physician's – Licensed Respiratory Care	Production	Underway
Physicians – Nuclear Medicine Therapist	Production	Underway
Physician- Radiation Technicians/Therapists/Radiographers	Production	Underway
Physicians – Physician Assistants	Production	June 2009
Chiropractic Examiners	Development	June 2009
Optometry	Production	2010
AHRQ QI Installation	Delayed	Spring 2009
CSHBP Premium Comparison	Fall 2009	Winter 2009

CENTERS FOR HEALTH CARE FINANCING AND LONG-TERM CARE AND COMMUNITY BASED SERVICES

HMO Quality and Performance

2009 Performance Evaluation: HEDIS Audit and CAHPS Survey

HEDIS Audit
Staff continued to monitor completion of the key functions from the HEDIS audits conducted by the contractor, HealthcareData.com (HDC). Progress with HMO and PPO quality measurement has remained on schedule. The first data set consisting of information on plans' behavioral health networks has been reviewed and approved by the audit vendor.

Consumer Assessment of Health Plan Study (CAHPS Survey)
The final phase of the CAHPS survey of plan members, telephone administration to non-respondents, began at the end of April and will continue through May. At the conclusion of the phone phase, the survey contractor, WB&A, will prepare the data to determine final rates of response. Each plan and MHCC will receive a report based upon the data collected during the study. CAHPS results will be presented, along with clinical data, in the 2009/2010 health plan performance publications.

Report Development—2009 Report Series

The Health Plan Quality and Performance Division exercised the first of three one-year option renewals to continue report development services with NCQA. Work will begin in June for two reports scheduled for fall release.

Small Group Market

Comprehensive Standard Health Benefit Plan (CSHBP)
At the March public meeting, the Commission adopted final regulations to implement the following changes to the CSHBP: requiring coverage for certain child dependents up to age 25, and requiring coverage for the surgical treatment of morbid obesity. These coverage changes will be implemented effective July 1, 2009.

Each year, carriers participating in the small group market are required to submit to the Commission completed survey forms that include enrollment and premium information in the CSHBP for the preceding calendar year. This year's analysis is based on data for the calendar year ending December 31, 2008. Commission staff is in the process of analyzing these data and will present the findings of these surveys at the May public meeting.

Health Insurance Partnership
The premium subsidy program known as "The Partnership" is currently available to certain small employers with 2 to 9 full time employees as long as they meet the requirements outlined in the law and meet certain salary, wage and other eligibility requirements established by the Commission through regulation. Coverage under the Partnership began on October 1, 2008. As of May 12th, enrollment in the Partnership was as follows: 174 businesses; 488 employees; 798 covered lives. The average subsidy per enrolled employee is $1,855; the average age of all enrolled employees is 39; the group average wage is almost $28,000; the average number of employees per policy is 3.8; and the total subsidy amount issued is $905,000.

Commission staff created and continually maintains the Partnership website (http://mhcc.maryland.gov/partnership) to inform all interested parties, including, carriers, producers, employers, employees, various business associations, etc. about this subsidy program.

Commission staff is in the process of drafting technical changes to the Partnership regulations as well as updating the Program Design Factors. These proposed changes will be presented to the Commission for approval at the June public meeting.

Mandated Health Insurance Services
Because there are still 45 days remaining in which legislators may request actuarial review of proposed mandates, the following serves as a reminder of the Commission's responsibility as required under Insurance Article § 15-1501, Annotated Code of Maryland. The Commission is required to submit an annual report to the General Assembly on: (1) any proposed mandated health insurance service that failed during the preceding legislative session; and (2) any request for analysis on a proposed mandated benefit that was submitted by a Legislator to the Commission by July 1st of that year. Each evaluation must include an assessment on the medical, financial, and social impact of the proposed mandate. The 2008 report, prepared by the Commission's consulting actuary Mercer and approved by the Commission for submission to the General Assembly, included an evaluation on the following five (5) proposed mandates: coverage for prosthetic devices; extending the current mandate on coverage for in vitro fertilization; coverage for the shingles (herpes zoster) vaccine; coverage for autism spectrum disorder; and coverage for a 48-hour inpatient stay following a mastectomy. Staff is currently reviewing failed legislation from the 2009 session that may necessitate a new mandate review or modification of a prior review.

Long Term Care Policy and Planning

Hospice Data
The Commission, working with OCS as its contractor, conducts the annual Maryland Hospice Survey. After an intensive period of review and updates, meeting with hospice providers, and survey testing, the annual survey for FY 2008 was launched for online survey completion February 20, 2009. Part I of the data collection (due 60 days after receipt of the survey notice) has been completed. Data cleaning is now underway, and hospices are notified if their data needs to be checked or corrected. Part II data is due June 16, 2009.

Home Health Data
Commission staff continues to update and monitor the inventory of home health agencies (HHAs) licensed in Maryland. In that regard, Commission staff is working with staff from the United States Government Accountability Office (GAO) to correct Maryland-specific data included in its recent publication "Medicare: Improvement Needed to Address Improper Payments in Home Health" (GAO-09-185). Specifically, a data issue related to the beneficiary residence and site of the home health agency service, based on an analysis of Medicare claims data, affected the number of HHAs by state. This is to be corrected and necessary revisions with the reanalysis of the data will be made throughout the GAO report.

Home Health Survey
The FY 2008 Home Health Data for Phase II agencies are due May 29, 2009. To date, 15% of the agencies have already submitted, and 85% are in progress. Staff is working on updates to data for the FY 2009 Home Health Agency Survey.

Long Term Care Survey
Work is underway for release of the FY 2008 Long Term Care Survey in June. As usual in the past, training and a help desk will be provided for those who have difficulty with survey completion.

Long Term Care Quality Initiative

Nursing Home Family Experience of Care Survey
Staff updated the work plan for the coming year and completed paperwork needed to renew the contract with the vendor administering the family survey. The Board of Public Works meeting which must approve the renewal is scheduled for late May.

Meetings with Agency for Healthcare Research and Quality (AHRQ) are continuing to adapt the Consumer Assessment of Healthcare Providers and Systems (CAHPS) short stay discharge survey in Maryland. AHRQ has offered to provide analysis of survey responses. This collaboration would benefit AHRQ by providing additional testing of the instrument; MHCC would benefit by piloting an experience survey among nursing home short stay residents and by the analysis performed by AHRQ without cost to Maryland.

LTC Website Expansion
Staff received approval to proceed with the project to transition the site to add LTC services that support staying in one's home and provide information on planning for LTC needs. A prototype storyboard has been developed that defines content and specifications for web site function. The long term care services to be added to the web site are expected to include: adult day care, congregate housing, congregate meals, caregiver resources, home delivered meals, home health agencies, residential service agencies, nursing referral service agencies, respite services, senior centers, technology and transportation assistance, and specialized services such as hospice. In addition two sections of the web site will be devoted to General Information & Assistance and Preparing for the Future which includes financing long term care and home modification resources. A procurement document to acquire services to design the expansion is being written. Consumer and stakeholder group feedback meetings are also being planned.

CENTER FOR HOSPITAL SERVICES

Hospital Services Policy and Planning

Certificate of Need (CON)

CONs Issued
Solomons Nursing Center (Calvert County) – Docket No. 08-04-2283
Add 17 comprehensive care facility ("CCF") beds
Cost: $3,456,803

Lorien LifeCenter – Harford County (Harford County) – Docket No. 08-12-2288
Establish a 78-bed CCF at a site near Blenheim Road and Pulaski Highway, Havre de Grace
Cost $7,905,938.

Pre-Licensure/First Use Approval Issued (Completion of CON-Approved Projects)
Franklin Square Hospital Center (Baltimore County) – Docket No. 08-03-2250
Change in type of service – Introduction of acute psychiatric inpatient services for adolescents and elimination of acute psychiatric inpatient services for children

CON Letters of Intent
Kaiser Foundation Health Plan of the Mid Atlantic States, Inc. (Prince George's County)
Establish an ambulatory surgical facility (4 operating rooms) in Largo

Kaiser Foundation Health Plan of the Mid Atlantic States, Inc. (Montgomery County)
Replace and relocate an ambulatory surgical facility (Kensington Medical Center - 4 operating rooms) to Germantown

CON Applications Filed

Montgomery General Hospital (Montgomery County) – Matter No. 09-15-2293
Expand a previously authorized building addition (finish approved floor of shell space and add three floors), including an increase in MSGA patient rooms
Estimated Cost: $22,722,650.

Clarksburg Community Hospital (Montgomery County) – Matter No. 09-15-2294
Establish a 100-bed general acute care hospital on a site bordering I-270, Old Baltimore Road, and Route 121 in Clarksburg
Estimated Cost: $202,153,340.

Washington Adventist Hospital (Montgomery County) – Matter No. 09-15-2295
Replace and relocate Washington Adventist Hospital (Takoma Park) to a site at 12100 Plum Orchard Drive in the White Oak area of Montgomery County [Comprehensive rehabilitation beds excluded from replacement and relocation project]
Estimated Cost: $552,080,000.

Pre-Application Conference

Kaiser Foundation Health Plan of the Mid Atlantic States, Inc. (Montgomery County and Prince George's County)
April 29, 2009

Application Review Conferences

Montgomery General Hospital (Montgomery County) – Matter No. 09-15-2293
April 22, 2009

Clarksburg Community Hospital (Montgomery County) – Matter No. 09-15-2294
April 23, 2009

Washington Adventist Hospital (Montgomery County) – Matter No. 09-15-2295
April 23, 2009

Determinations of Coverage

- **Acquisitions**

Northwest Health & Rehabilitation Center (Baltimore City)
Acquisition of Northwest Health & Rehabilitation Center by Northwest Nursing, L.L.C. and P.V. Realty-Northwest, L.L.C.

- **Delicensure of Bed Capacity or a Health Care Facility**

Berlin Nursing & Rehabilitation Center (Worcester County)
Temporary delicensure of 6 CCF beds

Clinton Nursing & Rehabilitation Center (Prince George's County)
Temporary delicensure of 10 CCF beds

Bel Pre Health & Rehabilitation Center
Temporary delicensure of 15 CCF beds

- **Relicensure of Bed Capacity or a Health Care Facility**

Citizens Care & Rehabilitation Center (Harford County)
Relicensure of 9 CCF beds

- **Relinquishment of Bed Capacity**

Randallstown Center (Baltimore County)
Permanent relinquishment of 8 CCF beds

- **Other**

HomeCall-Frederick (a home health agency based in Frederick County and serving several jurisdictions)
Relocation of main office from 800 Oak Street to 1446 West Patrick Street, Suite 15, 16, & 17, Frederick

Potomac Ridge Behavioral Health at Rockville (Montgomery County)
Reallocation of special hospital-psychiatric bed capacity (adult/adolescent/children) and temporary delicensure of residential treatment center bed capacity

- **Ambulatory Surgery Centers**

Maryland Eye Surgical Center (Montgomery County)
Establish an ambulatory surgery center with 1 non-sterile procedure room to be located at 2101 Medical Park Drive, Suite 100, Silver Spring

- **Waiver Beds**

Edenwald (Baltimore County)
Addition of 7 CCF waiver beds

Policy and Planning

On April 6 and April 9, 2009, Staff of the Center for Hospital Services ("the Center") met with representatives of Bon Secours Hospital, at Bon Secours Hospital on the 6th and at MHCC offices on the 9th, to review and discuss contingency planning for the possible phase-out of hospital operations and longer range transition planning related to the hospital service area populations' health care needs. The 2009 Maryland General Assembly session created funding for transitional planning by Bon Secours Hospital.

On April 14, 2009, Staff of the Center accompanied Chairman Moon, acting as a Project Reviewer, on site visits of Holy Cross Hospital in Silver Spring, Shady Grove Adventist Hospital in Rockville, and two proposed sites for new general hospitals in Montgomery County, in Germantown and Clarksburg. These site visits were undertaken to gain a hands-on perspective on four CON applications filed by Holy Cross Hospital and Adventist HealthCare.

On April 16, 2009, Staff of the Center participated in a brief orientation session for new Commissioners prior to the regular monthly meeting.

On April 21, 2009, the Center distributed MHCC's Annual Survey of Freestanding Ambulatory Surgical Facilities ("FASFs") to 364 potential survey respondents. This survey will gather information on FASF operations in CY2008. This year's survey includes a supplemental survey on the use of health information technology by freestanding ambulatory surgical facilities developed by MHCC's Center for Health Information Technology.

Hospital Quality Initiatives

Hospital Performance Evaluation Guide

The MHCC Hospital Performance Evaluation Guide (the Guide) relies on a variety of data sources to present meaningful information to consumers, providers and policy makers. The HSCRC inpatient hospital discharge data set represents a critical data source for providing comparative data on Maryland hospital performance and indicators of quality of care. As part of ongoing efforts to update and enhance the information on the Guide, staff is utilizing the inpatient discharge data set to provide additional information on the hospital services including emergency department visits, cardiac services and volume of procedures, rehabilitation services and other specialized services.

Unlike the Maryland hospital discharge data, the core performance measures data obtained from CMS through the QIO Clinical Data Warehouse is not as accessible and timely. After experiencing major delays in obtaining the first two quarters of calendar year 2008 hospital performance data from CMS, MHCC recently received notice from Delmarva that the requested data had been processed. Staff anticipates that the updated core quality measure data for January-June 2008 will be posted to the Hospital Guide by early June. Staff is also preparing for a statewide briefing and update, scheduled for June 23rd at the Maryland Hospital Association, on activities of the Hospital Guide. Staff anticipates release of the first Annual Report on Maryland Hospital Performance and Patient Experience Measures at the June 23rd briefing.

Maryland Quality Measures Data Center Project

In addition to the activities associated with the immediate update of the Hospital Guide, the staff continues to work on a long term strategy which entails the establishment a web-based Quality Measures Data Center (QMDC). The QMDC will provide direct and timely access to patient-level quality and performance measures data. This approach will accelerate the timely receipt of data directly from hospitals. MHCC has engaged the services of the Iowa Foundation for Medical Care (IFMC) to support the implementation of this project. The staff and contractor meet weekly to define technical specifications and develop program requirements associated with this new web-based portal for hospitals to submit their data directly to the Commission. Historically, the data (in summary form) have been obtained from the CMS Quality Improvement Organization (QIO) Warehouse.

Healthcare Associated Infections (HAI) Data

Staff has three surveys underway related to healthcare associated infections. Under the guidance of the Healthcare Associated Infections (HAI) Advisory Committee, the staff developed the *2009 Annual Survey of Maryland Hospital Infection Prevention and Control Programs.* The Survey is designed to collect information on the staffing, operations and activities of hospital infection prevention and control programs in Maryland. The survey is a web-based tool that will assist the Commission in understanding the basic characteristics of hospital programs and inform statewide HAI public reporting and quality improvement initiatives. The deadline for hospital submission of the completed surveys was April 24, 2009. Each hospital has submitted their completed survey and staff is in the process of summarizing the results for dissemination to hospitals and other interested parties.

Staff also developed an online survey for collecting data on the rate of Health Care Workers Influenza Vaccination in hospitals. This survey represents a pilot project that will provide useful information to hospitals on how their hospital compares to peer facilities and to the State as a whole on the proportion of their staff that have had influenza immunization. The results of the pilot survey will be used to develop an annual survey of hospital employee vaccination practices for public reporting on the Hospital Guide.

An online survey for collecting data on hospital compliance with Active Surveillance Testing (AST) for MRSA in All ICUs was also developed and implemented with a submission deadline for the first quarter of 2009 (January-March) of May 1st. This is a process measure that evaluates the rate of hospital

screening (AST) for MRSA in ICUs. The results of this survey is currently being reviewed for completeness.

Finally, Staff initiated a procurement project to engage the services of a contractor with expertise and experience in the quality review of healthcare infections data. The contractor will perform an assessment of the accuracy and completeness of the Commission's data on Central Line-Associated Blood Stream Infections (CLABSI). Since July 1, 2008, Maryland hospitals have been required to use the National Healthcare Safety Network (NHSN) surveillance system to report data to the Commission on CLABSIs in any ICU. Hospitals are required by NHSN to report data in the system within 30 days following the end of the month.

Other Activities
Staff continues to participate in the NHSN State User's monthly teleconferences to stay abreast of issues surrounding HAI hospital performance measures and to share information with other states on relevant activities and projects. At the May 13th teleconference, Staff presented at update of Maryland activities regarding HAI data collection and reporting.

In support of MHCC's hospital quality initiatives, staff continues to reach out to other units within DHMH, federal agencies, professional organizations and other states, to share and gather information and to identify opportunities for collaboration and improvement. Staff continues to collaborate with the HSCRC staff on data issues to support the Quality Based Reimbursement project and broader rate setting issues.

Specialized Services Policy and Planning

COMAR 10.24.05 Research Waiver Applications: Atlantic C-PORT Study of Nonprimary Percutaneous Coronary Intervention (npPCI) provides for a limited number of qualified hospitals without on-site cardiac surgical services to participate in an elective angioplasty study conducted by the Atlantic Cardiovascular Patient Outcomes Research Team (C-PORT E) in multiple states. The objective of this randomized clinical research trial is to determine whether npPCI performed in hospitals without on-site cardiac surgery services is as safe and effective as npPCI performed in hospitals with on-site cardiac surgery services. At its public meeting on March 19, 2009, the Commission adopted emergency and proposed amendments to COMAR 10.24.05 that would permit the Commission to consider granting npPCI research waivers to a maximum of three additional hospitals whose applications were docketed and pending as of March 18, 2009. The Joint Committee on Administrative, Executive, and Legislative Review approved the emergency amendments to COMAR 10.24.05; the effective dates for the emergency status are April 11, 2009 through September 14, 2009. The full text of the proposed amendments was published in the *Maryland Register* on April 24, 2009. Baltimore Washington Medical Center (Docket No. 08-02-0029 NPRW), Holy Cross Hospital (Docket No. 08-15-0033 NPRW), and Johns Hopkins Bayview Medical Center (Docket No. 08-24-0030 NPRW) have filed updated information on their actual and estimated case volumes to supplement the hospitals' pending npPCI waiver applications.

On April 18th, the Commission took action to amend COMAR 10.24.17, Table A-1, by renumbering the current door-to-balloon time requirement as 2a, and adding the proposed requirement shown below. This proposal will make the regulation consistent with the 2007 Focused Update of the American College of Cardiology/American Heart Association 2004 Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction.

Category: Institutional Resources
2b) Effective January 1, 2010, all institutions should provide primary PCI as soon as possible and not to exceed 90 minutes from patient arrival (i.e., door-to-balloon time of ≤ 90 minutes) for 75 percent of appropriate patients.

The State Health Plan for Cardiac Surgery and Percutaneous Coronary Intervention Services (COMAR 10.24.17) requires Maryland hospitals without on-site cardiac surgery to obtain a waiver to provide primary percutaneous coronary intervention (pPCI), which is the emergency use of catheter-based techniques, including balloon angioplasty, to relieve coronary vessel narrowing in patients with ST-segment elevation myocardial infarction (STEMI). The Commission will issue a pPCI waiver for a two-year period, provided that the applicant hospital meets and continues to meet all requirements for pPCI programs without on-site cardiac surgery. The following hospitals have filed applications to renew their pPCI waivers: Anne Arundel Medical Center – Docket No. 09-02-0039 WR; Baltimore Washington Medical Center – Docket No. 09-02-0040 WR; Franklin Square Hospital Center – Docket No. 09-03-0041 WR; Shady Grove Adventist Hospital-Docket No. 09-15-0042 WR; and Southern Maryland Hospital Center-Docket No. 09-16-0043 WR.

CENTER FOR HEALTH INFORMATION TECHNOLOGY

Health Information Technology

Staff completed a preliminary draft report of the findings from the *2008 Hospital Health Information Technology* (HIT) *Survey* (survey). The survey assessed the level of adoption for seven key components of health IT for 47 acute care hospitals operating in Maryland. This is the first year that Maryland hospitals have provided detailed information on health IT adoption. Included in this report is an analysis of the overall findings on the level of health IT adoption and variation by hospital size, geographic location, and hospital affiliation. The survey was developed over a six month timeframe with the assistance of many hospital CIOs. Results from the survey suggest that hospitals have made sizable investments in health IT and most are planning to add additional functionality over the next year. Notable findings include the rate of adoption for computerized physician order entry (CPOE), electronic health records (EHRs), and electronic medication administration record (eMAR), all of which exceed 50 percent. Almost 39 percent report adopting technology to exchange some patient information electronically with providers in their service area. Data sharing between hospitals and service area providers is relatively new for most hospitals in the last few years. Staff plans to work with the Center for Hospital Services to evaluate whether to include the survey as part of its annual *Maryland Hospital Performance Evaluation Guide*. A similar set of health IT questions were included in the annual *Maryland Freestanding Ambulatory Surgical Center Survey* that was released in April.

The former Task Force to Study Electronic Health Records (Task Force) met in April to discuss the impact of the *American Recovery and Reinvestment Act of 2009* on the 13 recommendations included in the final report that was sent to the Governor and General Assembly in December of 2007. Task Force members proposed modifications to three of the original recommendations and discussed the impact of House Bill 706, *Electronic Health Records - Regulation and Reimbursement*, on EHRs. The Task Force was legislatively mandated in 2005 to study EHR systems; the current and potential expansion of their utilization in Maryland, including the use of electronic transfer, e-prescribing, and computerized provider order entry; and the cost of implementing these functions. The Task Force also studied the impact of the current and potential expansion of school health records and issues related to patient safety and privacy. Staff expects to release a briefing document from the Task Force meeting during the second quarter of 2009.

Efforts continued in the development of an initiative to advance HIT adoption in nursing homes. This initiative is aimed at expanding the use of HIT in Maryland nursing homes through awareness and a consensus-based approach to identifying a range of options for EHR adoption that includes an Administrative Services Provider (ASP) approach and a web-based and client server-based approach. Staff invited nearly 80 nursing homes to complete a brief environmental scan on the adoption of EHRs.

Nursing home administrators will be invited to participate in a workgroup that addresses privacy and security policy barriers and technical solutions that advance EHR adoption in nursing homes. Staff anticipates releasing a report on the environmental in the third quarter of 2009. As part of this initiative, staff plans to develop a nursing home EHR product portfolio that includes only those vendors that meet the most stringent Certification Commission for Healthcare Information Technology standards relating to functionality, interoperability, and security. The nursing home EHR product portfolio will provide information that includes user references, basic product information, pricing, and privacy and security policies.

Development of the draft briefing document related to an evaluation of management services organization (MSO) business models continued in April. MSOs have the potential to increase HIT adoption, particularly among physician practices where the cost of implementing the technology is often viewed as a deterrent. MSOs are organizations that share the administrative and technical functions across physician practices. MSOs eliminate the need for an onsite client server by offering a subscription-based, hosted EHR model, also known as an ASP. An ASP model allows physicians to own the data without managing the security of the information. Technical support, system maintenance, data backup, and privacy and security are addressed by the MSO. A briefing document is tentatively scheduled for release in June.

Staff finalized a number of activities in preparation for the Center for Medicare and Medicaid Services' (CMS) EHR Demonstration Project that is scheduled to begin in May. The collaboration between MHCC, MedChi, The Maryland State Medical Society, and the Medical Society of the District of Columbia is one of four communities selected to participate in the CMS EHR Demonstration Project. Last fall, approximately 127 primary care practices were selected to take part in the treatment group. These primary care practices will receive payment for implementing an EHR during the first year and begin reporting on 26 clinical measures during the remaining years. Incentive payments are determined by several factors and the maximum amount for participation in the five year demonstration project is $290,000 per practice. A similar number of primary care practices were selected to participate in the control group where they will receive some funding for completing an office automation survey in years two and five.

Health Information Exchange

Staff released the Request for Application (RFA) *A Consumer-Centric Health Information Exchange for Maryland* on April 15th. The purpose of this RFA is to identify a multi-stakeholder group who will build a statewide health information exchange (HIE) that is financially sustainable and organizationally sound. The RFA details requirements for the organizational infrastructure, technical infrastructure, financial model, provider and consumer outreach, privacy and security, technology standards, and the exchange functionality for a financially sustainable and organizationally sound HIE. The HSCRC will provide the initial funding of up to $10 million through hospital reimbursement rate adjustments. Staff held a responder conference in April to address written questions received regarding the RFA. Applications are due from interested multi-stakeholder groups by June 12th. Staff plans to complete the evaluation of the RFAs and present its recommendation to the Commission at the July meeting. The recommendations of the Commission will be presented to the HSCRC Commission during their August meeting.

Last month, the Office of the National Coordinator for Health Information Technology (ONC) extended the deadline by four months for the Health Information Security & Privacy Collaboration's (HISPC) Adoption of Standards Collaborative Workgroup (workgroup) to complete a proof of concept testing of specific policies. States participating in the workgroup are required to test various policy toolkits on privacy and security as part of the contract extension. Staff initiated activities on a series of deliverables related to proof of concept for consumer and provider policies related to authorization and access of immunization registries. Health Care Information Consultants will provide assistance in field testing policy with provider organizations. Maryland is one of ten states participating in the HISPC workgroup. During the month, ONC provided additional feedback on the draft recommendation contained in the final

report *National Health Bridge: Basic Policy Requirements for Authentication and Audit*. The final report was submitted previously to ONC at the end of April.

Efforts to support the Electronic Health Network Accreditation Commission's (EHNAC) HIE Policy Accreditation Advisory Panel (advisory panel) continued during the month. EHNAC convened an advisory panel to develop privacy and security policy criteria recommendations to include in their HIE network accreditation program. The advisory panel meets bi-weekly on a virtual basis to discuss policy accreditation requirements for clinical networks that exchange patient information electronically. The advisory panel has been meeting for more than six months. In April, the advisory panel addressed policy issues related to business practices as it relates to trust agreements and user access. The advisory panel consists of nearly 50 representatives from different stakeholder groups across the nation. Recommendations from the advisory panel will go through a public comment period before they are finalized. The advisory panel plans to complete its proposed recommendations during the third quarter of 2009. EHNAC anticipates making this accreditation program available to HIEs in 2010.

Electronic Health Networks & Electronic Data Interchange

Staff notified payers identified for submitting an annual EDI Progress Report of their user ID and password. Included in the notification were data entry instructions, copies of last year's submission, and contact support information. Payers have until June 30th to submit an EDI Progress Report, as required by COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*. These regulations require payers to submit data on their administrative health care transactions for the previous year if their premium volume is one million dollars or more. This is the second year that payers will report their administrative health care transactions using a web-based application. Enhancements to the web-based application were made over the last couple of months. Information from the EDI Progress Report is reported in aggregate and used by payers and providers to increase the use of technology.

Staff awarded an initial two-year certification to MedAssets (formerly XactiMed) and recertified ACS EDI Gateway and Siemens Medical Solutions. Roughly 41 electronic health networks (network) have been certified by MHCC. Networks are certified based on obtaining EHNAC certification and a staff review of a network's privacy and security policies. Staff provided consultative support to three networks that are interested in the Maryland market. Testing continues of an online application for networks to use in submitting their MHCC EHN Certification and Recertification Application. Staff also participated in EHNAC's criteria committee meeting where changes to the accreditation criteria for security were discussed. Recommendations from the criteria committee undergo a public comment period before being considered for adoption by EHNAC. Staff identified additional changes to its analysis of the proposed Drug Enforcement Agency's e-prescribing regulations for controlled substances, as defined by the Department of Justice in September 2008. Staff findings of the analysis will be forwarded to EHNAC's criteria committee for consideration of potential modifications to their e-prescribing criteria.

Local Networking

Staff participated in MedChi's 2009 Spring House of Delegates meeting. Staff provided information on the collaborative MHCC and MedChi EHR education and awareness session that is tentatively scheduled to occur in June. The session will include information regarding EHR adoption, e-prescribing, and health information exchange. Staff also conducted a presentation on health IT to providers at Western Maryland Health Systems.